

“Dec. 3. The tumour appeared to lie behind the eyeball. . . . The eyeball was first removed, and after that the tumour.”

53. *On Artificial Eyes.*—Dr. DEBOUT states that it is quite unnecessary to reduce the size of the eye before adapting the shell; “on the contrary, the less the globe of the eye is diminished in volume, the less the eyelids droop, and the more the region of the eye preserves its normal projection.” It is indeed of importance to preserve, as much as possible, the volume of the lost eye; the pressure of the shell is diffused over a greater extent of surface, and better borne; granulations seldom form; the artificial eye is more mobile, and the appearance more natural. Great care must, however, be used in fitting the shell when the stump is large. Sometimes the artificial eye is very useful as a means of protection; for example, a lady lost her right eye from ophthalmia in 1848; vision was completely destroyed, yet the stump continued so sensitive to wind, cold, or damp, that, notwithstanding the use of very dark blue spectacles, she was obliged to remain in her room. All the means employed were of no avail, and she believed herself the victim of an incurable disease. At last, after a seclusion of eight years in almost complete darkness, she came to Paris for advice. M. Boissonneau adapted a shell which immediately removed the unpleasant symptoms. She has now worn an artificial eye for seven years, and has returned to her former habits. She can walk out in all weathers, and go into society; neither the inclemency of the weather nor the glare of the light has any injurious effect upon her.

A number of cases are related to show that it is unnecessary to destroy adhesions between the lid and the globe; all that is required is that the artificial eye be furnished with indentations corresponding to the cicatricial bands. The author also proves, by the narration of cases, that an artificial eye can be adapted not only where the globe has been enucleated, but even where all the soft parts have been removed from the orbit. Thus, in a young man whose eye had been extirpated for cancer, M. Boissonneau adapted an artificial eye with such success that the patient can wear it without inconvenience from morning to night, and can move it from side to side.

He concludes with an account of two cases in which not only artificial eyes, but also artificial eyelids, were applied.—*The Ophthalmic Review*, Jan. 1865.

54. *On the Simulation of Amaurosis.* By R. LIEBREICH.—It is exceedingly rare for individuals with normal sight to pretend that both eyes are blind. Such an occurrence has, however, been noted, as a psychical aberration, in females about the period of puberty. The normal action of the pupils, and the absence of ophthalmoscopic symptoms, are the principal foundations of the diagnosis.

It more often happens that patients who suffer already from advanced amblyopia, assert that they cannot see light with either eye; unable to follow an occupation, they endeavour by this means to gain assistance, &c. It is only after great experience that the surgeon can determine whether certain changes in the choroid, retina, or optic nerve, found by the ophthalmoscope, are sufficient to account for loss of quantitative vision. Suspicion must arise when a patient asserts that he cannot perceive light, though the pupils act readily, enlarging or contracting according to the different degrees of illumination. No full decision can be come to when a patient asserts that he perceives light, but not objects.

Simulated amaurosis of a single, and especially of the right eye, is very common, with the view of escaping the conscription. The individuals are usually well prepared to play their part, and have not unfrequently dilated the pupil by belladonna. Such a state of the iris will often assist the surgeon in detecting imposition, for the pupil is then far larger than in amaurosis. Belladonna not only paralyzes the filaments of the third nerve passing to the sphincter, but stimulates the sympathetic fibres distributed to the dilatator pupillæ. In natural mydriasis, the sphincter alone is paralyzed; in amaurosis the muscles of the iris possess their ordinary power; there is no reflex contraction from irritation of the retina; but in every other respect the iris acts in a normal manner. This is the most characteristic sign of monocular amaurosis. It must be remembered that the pupil contracts—i. Owing to the action of light on the same eye;

2. Owing to the action of light on the other eye; 3. During accommodation for near objects; 4. During contraction of the internal rectus.

Much information may be gained by testing the size of the pupil under these different conditions. In practice the other eye should be closed; the eye to be examined should be held in one position, and alternately shaded and exposed to the light. If then the pupil is motionless, whilst it changes in size when the other eye is alternately shaded and exposed, and contracts when the other eye fixes a near object, there can be no doubt that one eye is completely amaurotic. If the iris is motionless under all the conditions mentioned, there is either natural or artificial paralysis. If it moves according to the amount of light, when the other eye is closed, the eye is not perfectly blind, although there may be possibly entire loss of qualitative perception. To decide the latter question, the patient should be induced to believe that the examination of the one eye is finished, and that of the other is commencing; a prism, with its base upwards or downwards, is then placed before the sound eye, both eyes being open. The image is single if the first eye is really amaurotic; but if the blindness is simulated, the patient sees two objects. By testing in this way the power of vision, the surgeon may determine whether the other eye is weak-sighted, and to what degree.—*Ibid.*, from *Nouveau Dict. de Méd. et de Chirurg. Pratiques*, i. 787.

MIDWIFERY.

55. *Excessive Sickness in Pregnancy*.—Dr. HENRY BENNETT states (*Lancet*, Jan. 7, 1865) that, according to the experience of his entire obstetrical career, extreme intractable sickness during pregnancy is generally occasioned by the antecedent existence of inflammatory mischief of the uterus, or of actual chronic inflammation of the body or of the neck of that organ. Women who have suffered from and have been cured of uterine inflammation, a short time before becoming pregnant, nearly always have laborious pregnancies. They suffer greatly from sickness, from uterine ovarian and dorsal pains, and from hysterical and neuralgic symptoms. That such should be the case is but natural. A great and trying physiological task is imposed on an organ only recently cured, yet tender. Is it surprising that it should perform its functions with difficulty, and react painfully on sympathetic organs? Still worse is the case of the patient who becomes pregnant whilst actually labouring under chronic inflammation of the body of the uterus or of its neck. In the former case the pregnancy is not only laborious, but is very often brought to an early and premature close. Inflammation of the neck is not attended with quite so much danger as regards the existence of the fœtus, but may render the life of the mother one of anguish and suffering, especially from constant and extreme sickness, if the pregnancy is prolonged. Many young women marry actually suffering from inflammation of the uterine neck, which marriage aggravates. If pregnancy occurs, they may become the victims of excessive sickness. Many women who have had children, again become pregnant whilst under the influence of some cervical lesion, laceration, inflammation, or ulceration, the result of their last confinement. Is it surprising that they should suffer from an unusual amount of sickness?

From what precedes, it must be evident that the duty of the obstetrician in a case of obstinate and dangerous sickness during pregnancy, which resists medical treatment, is to examine his patient, and to ascertain the state of the uterine organs. If he finds, as I have constantly found, actual inflammatory disease, his duty is to treat it. What can sedatives and medicinal agents in general poured into the stomach do for inflammatory and ulcerative disease of the uterine neck? In such cases a few touches of nitrate of silver and an astringent injection will arrest sickness that has baffled the skill of half a dozen medical men and the resources of the Pharmacopœia. I have thus saved the lives of many children, and I verily believe of some mothers. I have heard of cases of death from sickness, in which no examination as to the existence of